



VENDOR VERIFICATION FORM (“VVF”)

Year: Select

Quarter: Select

PART I. Agency Contract/ Project Details:

Contract/Project Name: _____

(✓ one)

- District Agency Contract: Prime Contractor _____ District Agency _____ & Contract # _____
 Private Project: Beneficiary _____

PART II. SBE/ CBE Contractor/ Subcontractor & Lower Tier Subcontractor Details:

Insert Company Name is an (✓ one) **SBE/CBE Subcontractor** **SBE/CBE Lower Tier Subcontractor** **SBE/CBE General Contractor** providing the following scope of work/ products **using its own organization and resources (specify)** :_____. The SBE/CBE Company’s CBE certification is active and the number is _____.

PART III. SBE/CBE Company’s Subcontracts to Lower Tier SBE/CBE or Non-CBE Companies: (✓ one)

- a. SBE/CBE Company provided 100% of all services and/or products provided for the **Entire Project/Contract** using its own organization and resources, and did not subcontract any portion to a lower tier subcontractor. (Skip to Part IV.)
- b. SBE/CBE Company provided 100% of all services and/or products provided for the **Entire Subcontract** using its own organization and resources, and did not subcontract any portion to a lower tier subcontractor. (Skip to Part IV.)
- c. SBE/CBE Company **subcontracted a portion of the Contract/Subcontract** to a lower tier subcontractor. (List every CBE and non-CBE lower tier subcontractor.)

Lower Tier Subcontractor Name	Lower Tier Subcontractor is: SBE, CBE or Non-CBE	Total Amount of Lower Tier Subcontract	Amount Paid to Lower Tier Subcontractor This Quarter	Amount Paid to Lower Tier Subcontractor to Date	Detailed Description of lower tier subcontractor’s scope of work	CBE Certification Number	Fully Executed Lower Tier Subcontract provided with this VVF*
1.	Select	\$	\$	\$			Select
2.	Select	\$	\$	\$			Select
3.	Select	\$	\$	\$			Select
4.	Select	\$	\$	\$			Select

***THIS VVF WILL NOT BE ACCEPTED, AND NO CREDIT GIVEN, UNTIL THE FULLY EXECUTED CONTRACTS/ SUBCONTRACTS AND VVFs FOR ALL SBEs & CBEs LISTED IN PART III c. ARE PROVIDED!**

SBE/ CBE Subcontracting Credit will only be assessed for the portion of services & goods provided by each SBE/ CBE Company AND each SBE/ CBE Lower Tier Subcontractor ***USING ITS OWN ORGANIZATION AND RESOURCES.***

PART IV: Provide DETAILED Description of Scope of Work Provided by SBE/CBE Company:

The total amount of the contract/subcontract = \$ _____ (amount should include all change orders); the total amount subcontracted to SBE & CBE lower tier subcontractors = \$ _____ (amount should include all change orders). SBE/CBE Company was paid total of \$ _____, during this quarter. The total amount SBE/CBE has been paid to date for portion of contract/subcontract performed with its own organization and resources is \$ _____. The remaining amount to be paid to the SBE/CBE Company for portion of contract/subcontract performed with its own organization and resources is \$ _____.

ACKNOWLEDGEMENT

I declare, certify, verify, attest or state under penalty of perjury that the information contained in this Vendor Verification Form, and any supporting documents submitted, are true and correct to the best of my knowledge and belief. I further declare, certify, verify, attest or state under penalty of perjury that I have the authority and specific knowledge of the goods and services provided under each contract/subcontract contained in this Vendor Verification Form. I understand that pursuant to D.C. Official Code § 22-2402, any person convicted of perjury shall be fined not more than \$5,000 or imprisoned for not more than 10 years, or both. I understand that any false or fraudulent statement contained in this Vendor Verification Form may be grounds for revocation of my CBE registration pursuant to D.C. Official Code § 2-218.63. I also understand that failure to complete this Vendor Verification Form properly will result in no credit towards the SBE and CBE Subcontracting Requirements. Further, a Prime Contractor, Developer, CBE, or Certified Joint Venture, if subject to, that fails to comply with the requirements of the Small and Certified Business Enterprise Development and Assistance Amendment Act of 2014 (D.C. Law 20-108) (the "Act"), shall be subject to penalties as outlined in the Act.

NOTARIZATION

The undersigned, as a duly authorized representative of _____, CBE/SBE Company, swears or affirms that the statements made herein are true and correct.

Signature: _____ Title: _____
Print Name: _____ Date: _____

District of Columbia (or State/Commonwealth of _____); to wit:

Signed and sworn to or affirmed before me on this _____ day of _____,
_____, by _____, who is well known to me or has been sufficiently verified as the person who executed the foregoing affidavit and who acknowledged the same to be his/her free act and deed.

Notary signature: _____
(Seal)

My commission expires: _____